

WITHOUT LIMITS ABA THERAPY INC

SENSORY XPLOREERS

CLIENT POLICIES, PROCEDURES & AGREEMENT  
(Updated 2026)



## WELCOME

Welcome to Without Limits ABA Therapy Inc and Sensory Xplorers. We are committed to providing a safe, structured, and supportive environment where every participant can grow, explore, and thrive.

This document outlines important policies regarding attendance, scheduling, safety, and participation. These policies are designed to ensure fairness, consistency, and high-quality care for all families.

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## 1. ATTENDANCE, CANCELLATION & SCHEDULING POLICY

### 1.1 Purpose

The purpose of this Cancellation Policy is to ensure clear communication regarding scheduling and cancellations for participants in the Sensory Xplorers program. This policy provides a structured approach to managing appointments so that both families and staff can effectively coordinate schedules.

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### 1.2 Reserved Session Time

All sessions are scheduled in advance and require dedicated staffing and resources. Each appointment time is reserved specifically for the client.

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### 1.3 Cancellation Notice

Clients are required to provide at least **one (1) business day notice** for any cancellations. This allows Sensory Xplorers to manage schedules effectively and offer available time slots to other participants.

Requests made with shorter notice may not be accommodated and may be recorded as missed appointments.

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#### **1.4 Missed Appointments**

A session is considered missed if:

- The client does not attend, and
- No prior notice was provided

Missed sessions:

- Are not eligible for make-up
  - Will not be credited or carried forward
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#### **1.5 Late Arrivals**

- Clients arriving late may still participate in the remaining portion of the session
  - Sessions will end at the originally scheduled time
  - If a participant arrives more than **twenty (20) minutes after the scheduled start time**, the session may be considered canceled and will not be eligible for rescheduling
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#### **1.6 Make-Up Sessions**

Make-up sessions are not guaranteed and are only considered under limited circumstances.

- No make-up sessions will be provided for missed appointments
  - If sessions are canceled due to **staff training, center closures, or official program-related events**, rescheduled sessions may be offered based on availability
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#### **1.7 Frequent Changes**

Repeated missed visits, late arrivals, or frequent scheduling changes may result in:

- Schedule adjustments
- Limited booking privileges

- Removal from reserved time slots
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### **1.8 Cancellation Timeline**

All cancellations and rescheduling requests should be submitted by the end of each month to allow both the organization and families to make appropriate arrangements for the upcoming service period.

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### **1.9 Appointment Management**

To schedule appointments, report late arrivals, or submit termination notices, clients must contact the Program Director or designated Coordinator directly. This ensures that all scheduling matters are handled efficiently and appropriately.

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### **1.10 Discontinuation of Services**

To end services:

- Written notice must be submitted

Due to staffing commitments:

- Remaining scheduled sessions may still be subject to billing
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### **1.11 Communication**

All scheduling changes must be sent to:

- Email: [withoutlimitsaba@gmail.com](mailto:withoutlimitsaba@gmail.com)
- Phone/Text: 760-996-3086

Requests are only valid once confirmed by staff.

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### **1.12 Acknowledgment (Scheduling Policy)**

By participating in the Sensory Xplorers program, clients acknowledge and agree to follow this cancellation, attendance, and scheduling policy to support smooth operations and fair access for all participants.

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## **2. BILLING & FINANCIAL RESPONSIBILITY**

- Services are scheduled in advance and require staffing allocation
- Clients are responsible for:
  - Any non-covered services
  - Additional sessions beyond authorized limits

Billing questions:

- [withoutlimitsaba@gmail.com](mailto:withoutlimitsaba@gmail.com)
- 760-996-3086

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## **3. PROGRAM PARTICIPATION GUIDELINES**

- Sessions are structured to meet individual needs
- Participants should arrive ready to engage
- Parents/guardians must maintain respectful behavior

Only authorized staff may supervise sessions.

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## **4. SAFETY & ZERO-TOLERANCE POLICY**

The safety of all participants is our highest priority.

Strictly prohibited:

- Drugs, alcohol, or impairment during services
- Unsafe or disruptive behavior

Violations may result in:

- Immediate removal
  - Termination of services
  - Possible legal action
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## **5. CONFIDENTIALITY & PRIVACY (HIPAA)**

We comply with all privacy laws to protect your child's information.

- Information is used only for care, operations, or legal requirements
- Only authorized staff have access
- Records are securely stored and protected

You have the right to:

- Access records
  - Request corrections
  - Request limitations on sharing
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## **6. BACKGROUND CHECK POLICY**

To ensure safety:

- Background checks may be required for adult participants
  - Consent is required
  - All information is confidential
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## **7. INCIDENT REPORTING**

All incidents must be reported promptly.

Includes:

- Injuries
- Safety concerns
- Behavioral issues

Reports should be submitted within 24 hours when possible.

All incidents are reviewed and addressed appropriately.

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## **8. WHISTLEBLOWER PROTECTION**

We maintain high ethical standards.

- Staff are encouraged to report concerns
  - No retaliation is allowed
  - Reports are handled confidentially
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## **9. PROFESSIONAL CONDUCT**

All staff are expected to:

- Maintain professionalism
  - Respect all participants and families
  - Follow all organizational policies
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## **10. POLICY UPDATES**

Without Limits ABA Therapy Inc reserves the right to:

- Update policies as needed
  - Modify procedures for operational improvement
  - Ensure compliance with regulations
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## **11. ACKNOWLEDGMENT & AGREEMENT**

By signing below, I acknowledge that:

- I have read and understand these policies
  - I agree to comply with all guidelines
  - I understand scheduling, attendance, and billing expectations
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Client Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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